

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10-563329

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		0		1		
6		0		1		
7		1		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0	1			
16	1			1		
17		1		1		
18		2		1		
19		2		1		
20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27		0		1		
28		0	1			
29		0		1		
30	1			1		
31		1		1		
32		2		1		
33		0		1		
34		0		1		
35		0		1		
36		0	1			
37		0		1		
38	1			1		
39		1		1		
40		2		1		
41		0	1			
42		0		1		
43	1			1		
44		1		1		
45		2		1		
46		0		1		
47		0	1			
48		0		1		
49	1			1		
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2	1			
52		0		1		
53		0		0		
54		0		0		
55						
56						
57						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	56	←	51	←		←
TOTAL CLAIMS	62		57			